

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

ORIGINAL

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

Phillip Cox 895-1300-448

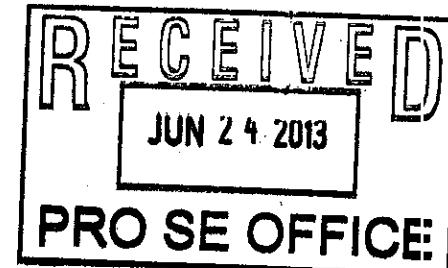
Full name of plaintiff/prisoner ID#

Plaintiff,

against
New York City Police Dept.
Philip Tomaselli shield #30897
Sima Monroe shield #21949

Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

Defendants.



JURY TRIAL DEMAND
YES FILED
IN CLERK'S OFFICE
US DISTRICT COURT E.D.N.Y.

CV 13-3610
KUNTZ, J. BROOKLYN OFFICE

REYES, M.J.

I. Previous Lawsuits:

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No ()

B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs:

Phillip Cox

Defendants:

N.Y.C.P.D.

2. Court (if federal court, name the district;
if state court, name the county)

Queen County - Eastern District

3. Docket Number: _____

4. Name of the Judge to whom case was assigned: N/A

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) Case is still pending

6. Approximate date of filing lawsuit: 1/12/2012

7. Approximate date of disposition: Still pending

II. Place of Present Confinement: RiKKer's Island, AMKC

A. Is there a prisoner grievance procedure in this institution? Yes No

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes No

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not because the excessive force was in Queens NY by NYCPD

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes No

F. If your answer is YES,

1. What steps did you take? I wrote a complain to Civilian complaint Review Board and NYC Police Department Headquarters 1 police Plaza

2. What was the result? They are fully investigating my Complaint.

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Phillip Cox

APT:6D
Address 109-30 160th Street Samarea, Ny 11433

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

Philip Tomaseff Sheild#.
30897 NYC-PSA9

Defendant No. 2

Sima Monroe Sheild#21949
NYC-PSA9

Defendant No. 3

Police # 2 No shield#

Defendant No. 4

P.O.#2 No shield#

Defendant No. 5

P.O.#3 No shield#

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

on 3/27/2013 at approximately 7:30pm I
Philip Cox was arrested by NYC-PSA9 P.D.
Philip Tomaselli #30897 and PSA9 P.O. Sima monroe
Sheild #21949 at location 109-36 160th Street
Jamaica Ny 11433 for a 52 family dispute.
The officers hand cuffed me from the back
and called back up and they used unnecessary
and way too much excessive force. I don't
know the other officers names and shield #
numbers, but it was all on camera at the
NYC Housing projects in Jamaica Queens.

IV. A

If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

My injuries are neck lacerations, knot on back of head, both
wrist lacerations to 4" or 5" layer of skin, busted lips bottom
and top mouth area. Scar that is permanent
on front of neck. Pain in back, neck and legs from getting
hit with sticks. Suffering a recurrence of Traumatic stress
disorder. Was taken to Flushing Hospital (ER) Queens
and later incarcerated in Rikers Island (AMSC).
NOT much medical treatment received for injuries.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

That my Complaint becomes part of the officer's permanent record, and maybe that would prevent others from having similar encounters with officers.

Change Police Department practices and receive a fair investigation before making an arrest.

I declare under penalty of perjury that on _____, I delivered this
(Date)

complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 8 day of June, 2013. I declare under penalty of
perjury that the foregoing is true and correct.



Signature of Plaintiff

Anna M. Kross Correctional Facility

Name of Prison Facility

Phillip Cox

18-18 Hazen Street

East Elmhurst, New York 11320

Address

895-13-00448

Prisoner ID#

NKECHI IGBO
NOTARY PUBLIC-STATE OF NEW YORK
No. 01IG6163948
Qualified in Queens County
My Commission Expires April 09, 2015